

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19878

Registrar's No.

5305

FILED JUN 19 1943

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

Thomas Joseph Murphy

3. (b) If veteran,
name war.....

No

3. (c) Social Security
No.....

None

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married,
divorced **Married**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
Mary Murphy alive **50** years
7. Birth date of deceased **March 27, 1881.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 **2** **11** ..hr.min.

9. Birthplace..... **Ireland** 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Plumber**

11. Industry or business.....

12. Name..... **Joseph Murphy**

13. Birthplace..... **Ireland** 4
(City, town, or county) (State or foreign country)

14. Maiden name..... **Margaret ?**

15. Birthplace..... **Ireland** 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Mary Murphy**

(b) Address..... **5966 Wabada Ave.,**

17. (a) **Burial** (b) Date thereof **June 10/43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cem.,**

18. (a) Signature of funeral director..... **Jos. W. Clark**

(b) Address..... **1125 Hadiamont Ave.**

19. (a) **JUN 9 1943** (b) **J. F. Budick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5966 Wabada Ave.,**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7,**
year **1943** hour **4:05** minute **P. M.**

21. I hereby certify that I attended the deceased from **June**
7, 19 **43** **June 7,** 19 **43**
that I last saw him alive on **June 7,** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Nephritis 10 yrs.
Chronic Myocarditis 10 yrs.
Due to.....
Chronic Alcoholism 40 yrs.
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (c) Means of injury.....

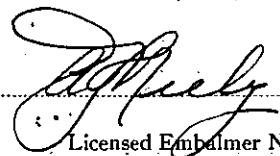
23. Signature..... **J. F. Budick** (M. D. or other)
Address..... **1515 Lafayette Avenue.** Date signed..... **6/8/43**

Dr. I.R. Davis
1492 Hodiamont Ave.,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.